

PO9000001261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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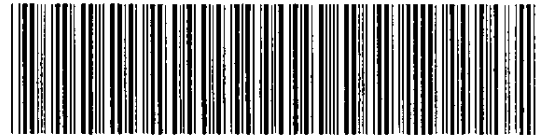
(Business Entity Name)

(Document Number)

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05-11-09*

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09 MAY 11 AM 8:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

R.A. Resign
C.COULLIETTE

MAY 15 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARIBBEAN MARINER INC.
(Name of Corporation)

DOCUMENT NUMBER: P09000001261

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

FREDERICK E. GATCHELL
(Name of Person)

CARIBBEAN MARINER INC.
(Name of Firm/Company)

99 GEORGE KING BLVD SUITE 5
(Address)

PORT CANAVERAL, FL. 32920
(City/State and Zip Code)

For further information concerning this matter, please call:

FREDERICK E. GATCHELL at (321) 480-3500
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, FREDRICK E. GATCHELL
(Name of Registered Agent)

hereby resigns as Registered Agent for CARIBBEAN MARINER INC.
(Name of Corporation)

P09000001261

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


(Signature of Resigning Agent)

If signing on behalf of an entity: FREDRICK E. GATCHELL

FREDERICK E. GATCHELL

(Typed or Printed Name)

registered agent

(Capacity)

FILED
09 MAY 11 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314